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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/914,046
Filing Date	October 1, 2001
First Named Inventor	Liang XU
Art Unit	1644
Examiner Name	Dibrino, M.
Attorney Docket Number	2474.0010001/BJD/JKM

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

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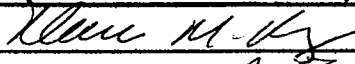
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	MARIA M. RUTZ		
Date	9/2/03	91-802-2851	Telephone MK

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one (1) forms are submitted.

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